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TO: Examiner Betty J. Forman
U. S. Patent & Trademark Office
Group Art Unit 1634

FROM: Damond E. Vadnais, Reg. No. 52,310

RE: U.S. Application No. 10/634,510
Atty. Docket No.: 03500.015961.1

FAX NO.: (571) 273-8300

DATE: September 7, 2007

NO. OF PAGES: 8
(including cover page)

TIME: 3 : 45 P.M.

SENT BY: LS

MESSAGE**Attachments:**

- 1) Amendment and Statement of Substance of Interview Transmittal
- 2) Amendment and Statement of Substance of Interview

Certificate of Transmission

I hereby certify that this correspondence is being transmitted
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Signature

Damond E. Vadnais, Reg. No. 52,310
Name of Attorney for Applicants

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SEP 07 2007

In re Application of:

Docket No. 03500.015961.1

TADASHI OKAMOTO, et al.

Application No.: 10/634,510

Examiner: Betty J. Forman

Filed: August 4, 2003

Group Art Unit: 1634

For: TERMINAL LABELED PROBE ARRAY
AND METHOD OF MAKING IT

Date: September 7, 2007

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Statement of Substance of Interview in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 2	MINUS	** 20	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 1	MINUS	*** 3	= 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180*/\$360						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0


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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Damond E. Vadnais
Attorney for Applicants
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PAGE 3/8 * RCVD AT 9/7/2007 6:51:22 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-6/7 * DNIS:2738300 * CSID:714 540 9823 * DURATION (mm-ss):01-10